

1. CIR./DIST./DIV. CODE ALM		2. PERSON REPRESENTED Jordan, Tommy		VOUCHER NUMBER																																																																																																																																																																																							
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER																																																																																																																																																																																							
6. OTHER DKT. NUMBER 2:07-001346-001																																																																																																																																																																																											
7. IN CASE/MATTER OF (Case Name) U.S. v. Jordan		8. PAYMENT CATEGORY Other		9. TYPE PERSON REPRESENTED Adult Defendant																																																																																																																																																																																							
				10. REPRESENTATION TYPE (See Instructions) Other																																																																																																																																																																																							
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.																																																																																																																																																																																											
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS URECH, EVERETT MCRAE 510 N. DALEVILLE AVENUE DALEVILLE AL 36322 Telephone Number: (334) 598-4455			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order 09/11/2007 Nunc Pro Tunc Date 9/11/07 Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																																																								
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) URECH and LIVAUDAIS, P.C. 510 N. DALEVILLE AVENUE DALEVILLE AL 36322																																																																																																																																																																																											
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